



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Paul Klassen

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$165730521
Outpatient Patient Service Revenue	\$326979547
Total Gross Patient Service Revenue	\$492710068

2. Deductions From Revenue

Contractual Allowance	\$345928485
Other Deductions	\$-971373
Total Deductions	\$344957112

3. Total Operating Revenue

Net Patient Service Revenue	\$147752956
Other Operating Revenue	\$8190177
Total Operating Revenue	\$155943133

4. Operating Expenses

Salaries and Wages	\$40171262	Employee Benefits	\$9220620
Depreciation and Amortization	\$6977232	Interest Expense	\$58082
Bad Debt	\$14066135	Other Expenses	\$64708250
Total Operating Expenses	\$135201581		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$20741552	Total Assets	\$135936691
Net Non-operating Gains over Loss	\$7416043	Total Liabilities	\$501538

Total Net Gains	\$28157595
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$253557718	\$205670985	\$47886733
Medicaid	\$91434881	\$72670256	\$18764625
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$147717469	\$66615871	\$81101598
Total	\$492710068	\$344957112	\$147752956

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$-971373
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$16269949	\$24555283	
Subtotal	\$16269949	\$24555283	\$-8285334
DSH Payments	\$1,400,000		
Subtotal	\$17669949	\$24555283	\$-6885334
Medicare Shortfalls	\$43946377	\$57304044	
Other Government Programs	\$0	\$0	
Total	\$61616326	\$81859327	\$-20243001

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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